MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

11739

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Colesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 22 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Montg.

City or town Colesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George West Acorn

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Lillia Augusta Acorn

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1862

8. AGE: Years 78 | Months 0 | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace Va.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Fire Ins. Adjuster

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Mrs. Lillia Augusta Acorn
Address Colesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 23, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Glenwood Cemetery

Location Washington, D.C.

18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.

19. Nov. 22 1940 (Date rec'd by registrar) Sallie B. Leibig Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940, at 4:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1940, to Nov. 21 1940.
and that I last saw him alive on Nov. 19 1940.

Immediate cause of death: Chronic Valvular Heart Disease — DURATION: 3 years

Due to

Due to

Other conditions: Arteriosclerosis with hypertension. — 5 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE H. H. Howlett, M.D.
M. D. or other
Address 928 Sligo ave, Silver Spring, Md. Date signed Nov. 23, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11740

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Silver Springs, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1244 - 8th St N.W.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Wash. D.C. County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1244 8th St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Willie Battles

3. (b) Social Security Number 579-07-4863

4. Sex: male
5. Color or race: negro
6. (a) Single, married, widowed, or divorced: married

B (b) Name of husband or wife: Francis Battles

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 46 | Months April | Days 15 | If less than one day 1894 hrs. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual occupation Cement Finisher
11. Industry or business
FATHER 12. Name Jesie Battles
13. Birthplace Georgia
MOTHER 14. Maiden name Eliza Battles
15. Birthplace Georgia
1B. Informant Francis Battles
Address 1244 - 8th St N.W.
1T. Buried (Burial, cremation, or removal. Which?) Date thereof 12 2 40 (month) (day) (year)
Cemetery or crematory Payne Cemetery
Location Washington, D.C.
1B. Funeral director Johnson & Jenkins
Address 2053 Fa Ave N.W.
19. 11/29 1940 (Date rec'd by registrar) Sallie B. Leiling Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940, at 12:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. E. Hawks Deputy Medical Examiner Mont. Co. M. D. or other
Address Rockville Md. Date signed 11/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

11741

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
The Montgomery County General Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 days
Stay in this community (yrs., or mos., or days) 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. Charles E. Boswell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6 (b) Name of husband or wife unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 6, 1852

8. AGE: Years 88 | Months 10 | Days 17 | If less than one day hrs. min.

9. Birthplace Rockville, Montg. Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Alexander Boswell
13. Birthplace unknown

MOTHER
14. Maiden name Mary Beckwith
15. Birthplace Rockville, Md.

16. Informant Hospital records
Address Olney. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 26, 1940 (month) (day) (year)
Cemetery or crematory St. Marys
Location Rockville Maryland

18. Funeral director Wm. Reuben Humphreys
Address Rockville Md.

19. Nov. 24 1940 (Date rec'd by registrar) Gertrude B. Fowler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 21, 1940, to Nov. 23 1940, and that I last saw him alive on Nov. 23 1940.

	DURATION
Immediate cause of death Chr. Hypertrophied Prostate	
Due to	undetermined
Due to Uremia	unknown
Due to Chr. Hypertrophied Prostate	unknown
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury — Injured at work?

23. SIGNATURE Chas. Stembleson M. D. or other
Address Sandy Springs, Md Date signed 11/23/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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11742

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
County Montgomery
City or town Takoma Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Three Weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town Takoma Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 911 Prospect Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME LAFAYETTE BRIGGS

3. (b) Social Security Number —

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Annie Kerns Briggs
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Jan. 29, 1858
8. AGE: Years 82 | Months 10 | Days 22 | If less than one day ____ hrs. ____ min.
9. Birthplace: Westchester County, N. Y. (Town, county, and state)
10. Usual occupation: At Home
11. Industry or business
FATHER
12. Name: Edwin Briggs.
13. Birthplace: New York
MOTHER
14. Maiden name: Rebecca F. Stilson.
15. Birthplace: Conn.
16. Informant: Mrs Clifford Hubbell.
Address: 911 Prospect Ave., Takoma Park, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 22, 1940. (month) (day) (year)
Cemetery or crematory: Kensico Cemetery.
Location
18. Funeral director: J. Arthur Walters.
Address: 254 Carroll St. Takoma Park, D.C.
19. Nov. 20 1940 (Date rec'd by registrar) J. Wilm Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 20, 1940, at 2:55 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/12 1940, to 11/20 1940, and that I last saw him alive on 11/18/ 1940.

Immediate cause of death: Way for Lateral Pneumonia. — DURATION: 2 days.
Due to: Chr. Dig. Myocarditis — 1½ wks.
Due to: Decompensation
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Dr. H. McClure & H. T. Morse M.D. M. D. or other
Address: 28 Carroll Ave Date signed 11/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11743

(61)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park, Md. No. Washington San. & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 3½ ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Blanche Bell Brown

(a) Residence: No. 915 Philadelphia Ave., St., Ward: Silver Springs, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank K. Brown

6. DATE OF BIRTH (month, day, end year) January 8, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) October 21, 1940

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME George Berry

14. BIRTHPLACE (city or town) (State or country) Stafford County Virginia

MOTHER

15. MAIDEN NAME Susan Wilkerson

16. BIRTHPLACE (city or town) (State or country) Spotsylvania County Virginia

17. INFORMANT Washington Sanitarium Records (Address) Takoma Park, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cedar Hill Cem. Date Nov 4th, 1940

19. UNDERTAKER Ward Chambers Co (Address) Riverdale, Md.

20. FILED Nov 1, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 1 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1935, to Nov. 1, 1940

I last saw her alive on Oct. 31, 1940; death is said to have occurred on the date stated above, at 2:30 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1934 Records
Coronary Sclerosis with infarction	
Other Contributory Causes of importance:	
Arteriosclerosis	1937

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. W. Mitchell M. D.

(Address) Silver Spring, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11744

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery. Registration Dist. No. 223

Village or City Takoma Park. No. 721 Kennebec Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Sarah Buckingham If U. S. Veteran, specify WAR

(a) Residence: No. 721 Kennebec Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles R. Buckingham

6. DATE OF BIRTH (month, day, and year): Mar. 6-1856

7. AGE: Years 84 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Government Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Treasury

10. Date deceased last worked at this occupation (month and year): May 1937

11. Total time (years) spent in this occupation: 23.

12. BIRTHPLACE (city or town) (State or country): Somerset. Somerset Co. Pa.

FATHER

13. NAME: Eli. K. Haines

14. BIRTHPLACE (city or town) (State or country): Kingwood West Va.

MOTHER

15. MAIDEN NAME: Harriet Dietz

16. BIRTHPLACE (city or town) (State or country): Somerset Co. Pa.

17. INFORMANT: Miss Ethel Buckingham

(Address) 1309 Kennedy St. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Date 11/12, 1940

19. UNDERTAKER: Deal Funeral Home

(Address) 4812 Georgia Ave Wash D.C.

20. FILED Nov. 12, 1940 J. W. Elodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) / 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 4/3, 1940, to 11/12, 1940

I last saw her alive on 11/11, 1940, death is said to have occurred on the date stated above, at 8:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/20/40
	11/6/40

Other Contributory Causes of Importance:

Senile Arteriosclerosis

Hypertension

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Simmons M. D.

(Address) 28 Carroll Ave. Takoma Park

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-01)

11745

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery Co
City or town Spencerville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Spencerville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Benjamin D. Carr

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1860

8. AGE: Years 80 | Months 11 | Days | If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Caleb Carr
13. Birthplace Md

MOTHER
14. Maiden name Mary Burton
15. Birthplace Md

16. Informant Clara A. Carr
Address Spencerville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 1, 1940 (month) (day) (year)
Cemetery or crematory Union Cem.
Location Spencerville Md

18. Funeral director Floyd Kaiser
Address Laurel Md

19. Nov 29 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29-40 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-2-40, to 11-29- 1940, and that I last saw h alive on 11-28- 1940.

	DURATION
Immediate cause of death Acute Cardiac Dil.	11, 29, 40
Due to Cardiac Renal Dis	1915
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B P Warren
M. D. or other
Address Laurel Md Date signed 11-30-40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163-0

CERTIFICATE OF DEATH

11746

Reg. Dist. No.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Montgomery

City or town: 6711 - 44th St., Chevy Chase, Md.
(If ontside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 Years

Hospital, institution, or street address where death occurred:

How long to hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase
(If ontside city or town limits, write RURAL and give nearest town)

Street No. 6711 - 44th Street
(If rurnl, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Mrs. Alice F. Cassidy

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: George R. Cassidy

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 12, 1904

8. AGE: Years	Months	Days	If less than one day
36	4	7	hrs. min.

9. Birthplace: New York
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Joseph Flanagan

FATHER — 13. Birthplace: New York

MOTHER — 14. Maiden name: Unknown

MOTHER — 15. Birthplace: Unknown

16. Informant: Mr. George R. Cassidy

Address: 6711 - 44th St., Chevy Chase, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 22, 1940 (month) (day) (year)

Cemetery or crematory: Ft. Lincoln

Location: Wash. & Bladensburg Boulevard.

18. Funeral director: Wm. Reuben Pumphrey

Address: Bethesda Md

19. 11-22-1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 19 1940, at 12.30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 19 1940, to Nov 19 1940, and that I last saw him alive on Nov 19 1940

Immediate cause of death	DURATION
Carbon Monoxide Poisoning	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: 11/19/40

Where did injury occur? Chevy Chase (City or town) Montgomery (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Suicide Injured at work? No

23. SIGNATURE: C. E. Hawks, Deputy Medical Examiner, Montgomery Co. M. D. or other

Address: Rockville Md Date signed: 11/20/40

RECEIVED
DEC 9 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11747

1. PLACE OF DEATH (93-d)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. Mrs. Clifton Lake's Nursing Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 Montgomery Cove yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Osborne Clark If U. S. Veteran, specify WAR

(a) Residence: No. 15 Montgomery Cove St., Ward.

Alban Towers, Wash. D.C. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Haines Clark

6. DATE OF BIRTH (month, day, and year) Jan 15 1855

7. AGE Years 85 Months 9 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

FATHER

13. NAME Josiah Hall

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Christiana

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs F. F. Langley (Address) 2700 Mass Ave Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date Nov. 4, 1940

19. UNDERTAKER Joseph F. Birchi Son (Address) 3634 M St. N.W.

20. FILED Nov. 4, 1940 J. Hatton Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) / 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10/22, 1940, to 11/4, 1940

I last saw her alive on 11/3, 1940; death is said to have occurred on the date stated above, at 12 18 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr Deg. Myocarditis Decompensation.	11/23/40
Hypostatic Pneumonia	1 day

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard T. Morse M. D.

(Address) 28 Carroll Cove, Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11748

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

County Montgomery

City or town Chevy Chase

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6100 Brookville Road.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Mont.

City or town Chevy Chase Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6100 Brookville Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice S. Clifford

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ or ~~wife~~ Oscar F. Clifford

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1857

8. AGE: Years 83 82 | Months 11 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Cary Ohio. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None.

FATHER 12. Name Gedion Nigh

13. Birthplace Ohio

MOTHER 14. Maiden name Susan Stahl

15. Birthplace Pa.

16. Informant Mrs. Andrew D. Porter

Address 6100 Brookville Rd. Ch. Ch. Md

17. Nov. 25, 1940 (Burial, ~~cremation, or removal. Which?~~) Date thereof Nov. 25, 1940 (month) (day) (year)

Cemetery or crematory Rock Creek.

Location Washington D.C.

18. Funeral director Norval K. Tabler

Address 4217-9th St., N.W.

19. 11-24- 1940 (Date rec'd by registrar) B. G. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1940, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 1940, to Nov. 1940, and that I last saw her alive on Nov. 22, 1940.

Immediate cause of death Congestive Heart Failure — DURATION 1 wk.

Due to Cardio-vascular renal disease — 5 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Sidney C. Cousins, M.D. M. D. or other

Address 3921 Ingomar St. Date signed 11/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 213

11749

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural #1 Rockville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Montgomery

(c) City or town Rural #1 Rockville (If outside city or town limits, write RURAL and give town)

(d) Street No. near Travilah on Travilah Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Stillborn (Connelly

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced (Stillborn)

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day (Stillborn) hr. min.

9. Birthplace Rockville, Montgomery, Maryland (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Spencer Erven Connelly

13. Birthplace Maryland

MOTHER

14. Maiden Name Nina Vandelia Greene

15. Birthplace Maryland

16 (a) Informant Nina V. Connelly

(b) Address Rural #1 Rockville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27-1940 (month) (day) (year)

(c) Cemetery or crematory Presbyterian Cem

Location Damascus Md

18 (a) Funeral director Wm. Reuben Dempsey

(b) Address Rockville Maryland

19 (a) Nov-27-40 (Date rec'd by registrar) (b) Faye B Barnaby Registrar

MEDICAL CERTIFICATION

20. Date of death November 26 1940, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended unattended until 3 hrs after birth deceased from ____ 19__, to Nov. 26 1940, and that I last saw him ~~alive~~ dead on Nov. 26 1940.

Immediate cause of death (Stillborn)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. V. Hartley, M.D. M. D. or other

Address Rockville Date signed 11/26/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

11750

Reg. Diat. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Chevy Chase, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 yrs

Hospital, institution, or street address where death occurred: 4015 Leland St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Mont

City or town: Chevy Chase

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4015 Leland St

(If rural, give LOCATION)

2.(a) If veteran, name war: No.

3. (a) FULL NAME James Garland Cross.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lillian Eubank Cross

6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): March 13 1885

8. AGE:

Years	Months	Days	If less than one day
55	8	9	...hrs. ...min.

9. Birthplace: Richmond, Va.

(Town, county, and state)

10. Usual occupation: Department Agriculture

11. Industry or business

FATHER

12. Name: N B Cross

13. Birthplace: Va

MOTHER

14. Maiden name: Ella Meneer

15. Birthplace: Va

16. Informant: Lillian E. Cross.

Address: 4015 Leland St Ch. Ch Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-24-40 (month) (day) (year)

Cemetery or crematory: Rockville Union Cemetery

Location: Rockville Md

18. Funeral director: W. Reuben Pumphrey

Address: 7005 Wisconsin Bethesda Md.

19. 11-24-40 (Date rec'd by registrar) B.G. Perry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22 1940, at 7:40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 21, 1940, to Nov. 22 1940

and that I last saw h...alive on Nov. 22, 1940

Immediate cause of death	DURATION
Coronary Thrombosis	30 hrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. G. Baumfeld, M.D. M. D. or other

Address: Bethesda, Md Date signed 11/23/40

ITEM 6c entered thru letter filed 12-12-40 under CROSS. - LL

11751

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery (73-a) Registration Dist. No. 223-

Village or City Takoma Park No. Washington Sanitarium & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie Downey

(a) Residence: No. Rockhall Maryland St., Ward. Kent

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Newton Downey

6. DATE OF BIRTH (month, day, and year) July 21- 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Carolina Co., Md. (State or country)

FATHER

13. NAME John Hubbard

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME Mary E. Morris

16. BIRTHPLACE (city or town) ? (State or country) Delaware

17. INFORMANT Wash. San. Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westley Chapel Date Nov 25, 1940

19. UNDERTAKER Wm. H. Good (Address) Church Hill Md.

20. FILED 11/23/40, 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 22 (Day) - , 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1940, to November 22, 1940

I last saw her alive on November 22, 1940; death is said to have occurred on the date stated above, at 3:20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	9-27-40

Other Contributory Causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Blood Count. Gastric analysis Was there an autopsy? Yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Donald C. Hartwell M. D.

(Address) Washington Sanit. + Hosp. Takoma Park Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
DEC 4 1940
U. S. BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11752

1. PLACE OF DEATH (164a)

County Montgomery Registration Dist. No. 213

Village or City Rockville No. Chestnut Lodge San. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. 4 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME DuFrane, Helen Mae If U. S. Veteran, specify WAR 1917-1918

(a) Residence: No. Washington D.C. St., Ward. (Usual place of abode) If nonresident give city or town and State ✓

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Richard Frederick DuFrane

6. DATE OF BIRTH (month, day, and year) Dec 24 1898

7. AGE: Years 41 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stenographer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Feb. '40

11. Total time (years) spent in this occupation 14-15

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME J. Albert Kinnard

14. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

MOTHER

15. MAIDEN NAME Rachel Fahs

16. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

17. INFORMANT (Address) Pauline E. Hughes 927 N. Buchanan St., Arlington, Va.

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date Nov 8, 1940

19. UNDERTAKER (Address) W. W. Chambers Co 1400 Chapin St. N.W.

20. FILED 11-8, 1940 Faye Barnsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw her alive on Nov 8, 1940 death is said to have occurred on the date stated above, at 7:35 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Strangulation

Due to Suicide

Other Contributory Causes of importance:

Hypochondriasis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 11/8, 1940

Where did injury occur? Chestnut Lodge Sanatorium (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. No

Manner of Injury Suicide by Strangulation

Nature of Injury Kimono-cord

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. E. Hawks M. D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

RECEIVED
NOV 16 1940
BUREAU V. S.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11753

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Kensington Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Kensington View Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Capitol View Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Dwyer (Capitol View Rd Kensington) Md
3. (b) Social Security Number none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Mary E. Dwyer
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb. 14, 1869.

8. AGE: Years 71 | Months 9 | Days 1 | If less than one day ____ hrs. ____ min.

9. Birthplace: Upton, Mass. (Town, county, and state)
10. Usual occupation: Hatter (Millinery)
11. Industry or business

FATHER
12. Name: Thomas Dwyer
13. Birthplace: Connaugth, Ireland

MOTHER
14. Maiden name: Elizabeth Gatley
15. Birthplace: Marlboro, Mass.

16. Informant: Mrs Mary E. Dwyer
Address: Kensington, View, Md

17. Burial + Shipment (Burial, cremation, or removal. Which?) Date thereof Nov. 17, 1940 (month) (day) (year)
Shipped to: Framingham, Mass.
Burial in: Upton, Mass.

18. Funeral director: Warner E. Pumphrey
Address: Silver Spring, Md.

19. Nov. 16 1940 (Date rec'd by registrar) Margaret C. Tremearne Local, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1940, at 11:15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Coronary occlusion — DURATION
Due to: Chronic myocarditis
Due to: Chronic diabetes
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work? no

23. SIGNATURE C. E. Harris Deputy Medical Examiner Montgomery Co. M. D. or other
Address Rockville Md Date signed 11/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

11754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County: Montgomery

City or town: Rural near Gaithersburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Washington D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 6907 - 8th St - N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Stephen E. Essex

3. (b) Social Security Number: None.

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: ~~married~~ widow

6 (b) Name of husband or wife: Ella M. Essex

Dead.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 70 - ? Months: Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: Retired (no other record)

11. Industry or business

FATHER
12. Name: Frank V. Essex
13. Birthplace: Washington D.C.

MOTHER
14. Maiden name: Hollis M. Clements
15. Birthplace: Washington D.C.

16. Informant: Francis M. Boyd.
Address: 6907-8th St - Wash D.C.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 12-2-40 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Prince Geazes County Md.

18. Funeral director: T. Hanlon
Address: 641 - H. N.C.

19. 11-29 1940 (Date rec'd by registrar) Faye B Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 29 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 18 1940, to November 29 1940, and that I last saw him alive on Nov 29 1940.

Immediate cause of death: Chronic myocarditis from history about — DURATION: 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: G. V. Hartley M.D.
M. D. or other

Address: Rockville, Md. Date signed: 11/29/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1918
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11755

131-2

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 213

Village or City Rockville, Md. No. 314 West Montgomery Avenue St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life in country yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anges E. Fisher U.S. Veteran - No Social Security - None

(a) Residence: No. 314 W. Montgomery Ave., Rockville, Md. Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Fisher

6. DATE OF BIRTH (month, day, and year) January 21, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Travilah
(State or country) Montgomery County, Maryland

FATHER

13. NAME Charles Henry Thrift

14. BIRTHPLACE (city or town) Travilah
(State or country) Montgomery Co., Maryland

MOTHER

15. MAIDEN NAME Anne McCrossen

16. BIRTHPLACE (city or town)
(State or country) Howard County, Maryland

17. INFORMANT Mrs. Bailey and Ricter
(Address) Rockville, Maryland

18. BURIAL, CREMATION, OR REMOVAL Burial
Place St. Mary's Cemetery Rockville, Md. Date Nov. 23, 1940

19. UNDERTAKER Wm Reuben Humphrey
(Address) Rockville - Md

20. FILED 11-22, 1940 Faye B Barnsby
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11/19, 1939, to Nov 20, 1940

I last saw her alive on Nov 19, 1940; death is said to have occurred on the date stated above, at 7 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Chronic Myocarditis

Date of onset

Other Contributory Causes of importance: Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Hawks Deputy Med M. D.

(Address) Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED DEC 3 1940 BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-C)

CERTIFICATE OF DEATH

11756

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 9407 - Flower ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Spring, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 9407 - Flower ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Rev. Clark J. Forcey.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Margaret M. Forcey.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 19, 1901.

8. AGE: Years	Months	Days	If less than one day
39	4	6	____ hrs. ____ min.

9. Birthplace Pa (Town, county, and state)
10. Usual occupation Clergyman.
11. Industry or business

FATHER
12. Name Fred L. Forcey
13. Birthplace Pa

MOTHER
14. Maiden name Lidia Kyler
15. Birthplace Pa.

16. Informant Mrs Margaret M. Forcey.
Address 9407 - Flower ave., Silver Spring, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28, 1940. (month) (day) (year)
Cemetery or crematory Glenwood.
Location Lincoln Rd. N.E.
18. Funeral director Warner E. Pumphrey
Address 8424 Ga. ave., Silver Spring, Md.
19. 11/26 (Date rec'd by registrar) 1940 Sallie B. Leding Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1940, at 4:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 14, 1940, to November 25, 1940, and that I last saw h pm alive on Nov 22 1940.

Immediate cause of death Subacute Bacterial Endocarditis - Streptococcus Viridans — DURATION

Due to Streptococcus Viridans

Due to Rheumatic Heart Disease with Aortic Insufficiency

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Stuart O. Foster M.D.
M. D. or other
Address 1726 Eye St. N.W. Date signed Nov. 26, 1940

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11757

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution: 8710 Georgia Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montg.

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL, NEAR and give town)

Street No. 8710 Georgia Ave.

(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Amelia Ellen Louise Frankeberger

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name ~~of husband or~~ wife James T. Frankeberger

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1874

8. AGE:

Years	Months	Days	If less than one day
66	0	0	____ hrs. ____ min.

9. Birthplace Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Paul Mueller

FATHER 13. Birthplace Germany

MOTHER 14. Maiden name Mary Kenezie

MOTHER 15. Birthplace Germany

16. Informant Mrs. Dorothy E. Schultz

Address 8710 Ga. Ave., Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 27, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Rolling Green Memorial Park

Location White Hill, Pa.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. 11/26 1940 (Date rec'd by registrar) Sallie B. Leibig Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1940, at 3.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 11 1940, to November 26 1940, and that I last saw h alive on November 25 1940.

Immediate cause of death Carcinoma of Uterus — DURATION 3 years

Due to — DURATION

Due to — DURATION

Other conditions — DURATION

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE H. H. Howlett, M. D.

Address 928 Sligo ave., Silver Spring, Md. M. D. or other

Date signed Nov. 26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11758

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Rural - Kensington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mos., 10 days

Hospital, Institution, or street address where death occurred:

West Ave., Kensington

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rural - Kensington

(If outside city or town limits, write RURAL and give nearest town)

Street No.: West Ave., Kensington

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Robert Allen Gould

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 25, 1940

8. AGE: Years	Months	Days	If less than one day
	2	10	hrs. min.

9. Birthplace: Kensington, Md (Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER — 12. Name: John Russie Gould

13. Birthplace: Statesboro, Georgia

MOTHER — 14. Maiden name: Vera Jones

15. Birthplace: Llandudno, England

18. Informant: Mrs. Vera Gould

Address: West Ave, Kensington

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 4, 1940 (month) (day) (year)

Cemetery or crematory: St. John's

Location: Forest Glen, Md.

18. Funeral director: Waxman & Pumphrey

Address: Silver Spring, Md.

19. Nov. 3 1940 (Date rec'd by registrar) Margaret C. Trennearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 3 1940, at 11 2/4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 25 1940, to Nov. 3 1940

and that I last saw him alive on Nov. 3 1940

Immediate cause of death	DURATION
Uremia	4½ days
Due to: Congenital syphilis	2 mos. 10 da
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Katharine A. Chapman M.D. M. D. or other

Address: 20 West Baltimore St. Kensington, Md. Date signed: 11/3/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11759

Reg. Dist. No. 216

1. PLACE OF DEATH:
County: Montgomery
City or town: Cloppley, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgo.
City or town: Cloppley Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Hailey

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	widowed

6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 97 | Months | Days | If less than one day: ____ hrs. ____ min.

9. Birthplace: Montgo Co. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Alleon Hailey Butler
Address: 1106 - 3" St. N.E. Wash. D.C.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov 6 1940 (month) (day) (year)
Cemetery or crematory: St Gabriel
Location: Potomac Md

18. Funeral director: Robert L. Snowden
Address: Rockville Md

19. 11-5 1940 (Date rec'd by registrar) B.C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 2 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1940, to Nov. 2 1940, and that I last saw him alive on Oct. 31st 1940.

Immediate cause of death: Chronic valvular heart disease, Chronic myo-carditis.
Due to: Age
Due to:
Other conditions: Arterio-sclerosis + hypertension.
(Include pregnancy within 3 months of death)

DURATION: Unknown

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Wheeler D. Huff, M. D. or other
Address: Bethesda, Md. Date signed Nov. 4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 9 1940
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11760

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium & Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 das.

Stay in this community (yrs., or mos., or days): 5 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Mrs. Emma Hardesty

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: John Hardesty

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 21, 1866

8. AGE: Years	Months	Days	If less than one day
74	2	3	hrs. min.

9. Birthplace: Birmingham, England (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business:

FATHER 12. Name: ? Perry

FATHER 13. Birthplace: ? England

MOTHER 14. Maiden name: Rachel Cheam

MOTHER 15. Birthplace: ? England

16. Informant: Washington Sanitarium Records

Address: Takoma Park, Md.

17. Removal. (Burial, cremation, or removal. Which?) Date thereof: Nov. 3 1940 (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: J. Wm. Luis Sons

Address: 300 - 4th St SE

19. Nov. 3rd 1940 (Date rec'd by registrar) J. Holmes Redd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/3 1940, at 11 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/29 1940, to 11/3 1940, and that I last saw her alive on 11/3 1940.

Immediate cause of death: Cardiac Failure

Due to: Following Operation for Carcinoma of Recto-Sigmoid — DURATION: ½ year?

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: yes - 1st Stage Paley. 11-3-40

Of autopsy: yes. 11-3-40

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Lead M. Calver M.D. M. D. or other

Address: Silver Spring Md. Date signed 11-3-40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11761

CERTIFICATE OF DEATH

93-d

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 8404- Dale Drive

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 8404- Dale Drive

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR World War

3. (a) FULL NAME Van Doran Sutton Hughes

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife Ethyle M. Hughes

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1899.

8. AGE: Years 40 | Months 11 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace Ohio.

(Town, county, and state)

10. Usual occupation Retired - Met. Police Dept.

11. Industry or business

FATHER

12. Name Van Doran Hughes

13. Birthplace Ohio.

MOTHER

14. Maiden name Anna M. Moffett.

15. Birthplace Ohio

16. Informant Mrs Ethyle M. Hughes

Address 8404- Dale Drive.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 15, 1940 (month) (day) (year)

Cemetery or crematory Arlington Nat'l Cemetery

Location Arlington, Va

18. Funeral director Warner E. Pumphrey

Address 8424- Ga ave., Silver Spring Md

19. Nov. 13 1940 (Date rec'd by registrar) Sallie B. Leiling Depty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1940, at 5 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h ____ alive on ____ 19__.

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE C. E. Hawkes Deputy Medical Examiner of Mont Co

Address Rockville Md Date signed 11/13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 22 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

11762

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 4405 Highland Ave., Bethesda, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4405 Highland Ave.,
(If rural, give LOCATION)

2.(a) If veteran, name war: World War

3.(a) FULL NAME: Adelbert C. Jordan

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Elizabeth B. Jordan

6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): August 12, 1871

8. AGE:

Years	Months	Days	If less than one day
69	2	26	..... hrs. ..... min.

9. Birthplace: Kansas City, Missouri
(Town, county, and state)

10. Usual occupation: Clerk in P.O. Dept. (Retired)

11. Industry or business

FATHER
12. Name: Allen Jordan
13. Birthplace: Missouri

MOTHER
14. Maiden name: Florence Field
15. Birthplace: Missouri

16. Informant: Elizabeth C Jordan
Address: 4405 Highland Ave Bethesda

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 11, 1940 (month) (day) (year)

Cemetery or crematory: Forest Oak Cemetery

Location: Gaithersburg, Maryland

18. Funeral director: Wm Reuben Humphrey
Address: 7005 Wis Ave Bethesda Md

19. 11/9/ 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 7/40 19..., at 6:07 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1940, to Nov 7 1940

and that I last saw him alive on Nov 6/40 19...

Immediate cause of death: Cerebral Hemorrhage

Due to: Arteriosclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Bethesda Date signed: 11/7/40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

11763

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Kensington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 3 Oaks
Stay in hospital or inst. (yrs., or mos., or days) 3 years
Stay in this community (yrs., or mos., or days) unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3 oaks
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME MRS. ISABELLE FRANCISCA KARSUNKY

3. (b) Social Security Number had none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Curt Karsunky
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 16, 1871

8. AGE:	Years	Months	Days	If less than one day
68	68	11	14	____ hrs. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Johann Baptist
13. Birthplace Germany

MOTHER
14. Maiden name Vollvar
15. Birthplace Germany

16. Informant Mr. William Karl Karsunky (son)
Address 3 Oaks, Kensington, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 2, 1940 (month) (day) (year)
Cemetery or crematory Forest Glen Cemetery
Location Forest Glen, Maryland

18. Funeral director Wm. Reuben Pumphrey
Address Bethesda, Maryland

19. Dec. 1 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1940, at 10 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 22nd 1940, to Nov 30 1940 and that I last saw her alive on Nov 30 1940.

Immediate cause of death
I Angina Pectoris
II Uremia
Due to I Arterio Sclerosis of Coronary artery
Due to II Arterio Sclerosis of Kidney
Other conditions Cardio Vascular Renal Disease
(Include pregnancy within 3 months of death)

DURATION
2 months
1 day
5 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert R. Hatt MD M. D. or other
Address 1222 Morse St R Washington DC Date signed 11/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11764

Reg. Dist. No. 223

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium + Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 1

Stay in this community (yrs., or mos., or days): 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2919 - 28th St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: George Kirkpatrick

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Ethel Chase Kirkpatrick

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 19, 1875

8. AGE: Years	Months	Days	If less than one day
65	2	23	____ hrs. ____ min.

9. Birthplace: Dundas, Minn. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER — 12. Name: George Kirkpatrick

13. Birthplace: Fort Wayne, Ind.

MOTHER — 14. Maiden name: Martha Swartwoudt

15. Birthplace: Canon City, Minn.

16. Informant: Washington Sanitarium Records

Address: Takoma Park, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 11, 1940 (month) (day) (year)

Cemetery or crematory: Washington D.C.

Location:

18. Funeral director: The S.H. Hines Co.

Address: 2901 - 14th St. N.W. D.C.

19. Nov 11 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11 1940, at 7:12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 26 1940, to Nov. 11 1940, and that I last saw him alive on Nov 11 1940.

Immediate cause of death: Cerebral hemorrhage — DURATION: 7 hrs.

Due to: Hypertension — 5 yrs?

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert A. Hare M.D. (M. D. or other)

Address: Takoma Park, Md. Date signed: 11/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-7)

CERTIFICATE OF DEATH

11765

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Monty. Co. Genl Hospital

Stay in hospital or inst. (yrs., or mos., or days) 12 days

Stay in this community (yrs., or mos., or days) 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rockville Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. 7. D. # 4 - Resday/Hill rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Ellen Knight

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 19, 1940

8. AGE: Years | Months: 2 | Days: 28 | If less than one day: hrs. min.

9. Birthplace Monty. County. Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Edward Knight

13. Birthplace Monty. Co. Maryland

MOTHER 14. Maiden name Elizabeth Burriss

15. Birthplace Monty. Co. Maryland

16. Informant Hospital Records.

Address Olney, Md

17. ~~Layhill, Md~~ Burial, cremation, or removal. Which?) Date thereof Nov. 17, 1940 (month) (day) (year)

Cemetery or crematory Layhill, Church Cem.

Location Layhill Md.

18. Funeral director Reuben Pumphrey

Address Rockville, Maryland

19. Nov. 16 1940 (Date rec'd by registrar) Gertrude B. Fowler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16th 1940, at 6:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 4th 1940, to Nov. 16th 1940, and that I last saw her alive on November 15th 1940.

Immediate cause of death Ca Hirschsprungs disease — DURATION 16 days

Due to

Due to Congenital abnormal

Other conditions Ht of bowel

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE Chas E Tumbleson M. D. ~~or other~~

Address Sandy Spring, Md. Date signed 11-16-40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14a)

11766

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Halpine

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rockville Pike

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Halpine Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rockville Pike

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Anna B. Lenovitz

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6(b) Name of husband or wife Benjamin Lenovitz

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) December 25 - 1872

8. AGE: Years 68 Months 10 Days 28 If less than one day ___ hrs. ___ min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Mordicai Berman

13. Birthplace Lithuania

MOTHER 14. Maiden name Bessie Aaronson

15. Birthplace Lithuania

16. Informant Miss Rebecca Lenovitz

Address Halpine - Maryland

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov 22 - 1940 (month) (day) (year)

Cemetery or crematory Washington D.C.

Location Washington D.C.

18. Funeral director Wm. Reuben Humphrey

Address Rockville - Maryland

19. Nov. 22 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1940 at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__ to ___ 19__, and that I last saw h___ alive on ___ 19__.

Immediate cause of death Strangulation by hanging

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 11/22/40

Where did injury occur? Halpine Montgomery Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Suicide by hanging Injured at work?

23. SIGNATURE C. E. Hawkins Deputy Medical Ex of Mont Co M.D. or other

Address Rockville Md Date signed 11/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

(M) (S)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

11767

1. PLACE OF DEATH (8)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park, Md. No. Washington Sanitarium & Hosp. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unnamed Female McCullough

(a) Residence: No. 105 Allegheny St. Takoma Park, Md Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) November, 17, 1940

7. AGE Years Months Days If LESS than 1 day, — hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Takoma Park, (State or country) Maryland

FATHER
13. NAME Harry Lee McCullough
14. BIRTHPLACE (city or town) Columbia (State or country) South Carolina

MOTHER
15. MAIDEN NAME Evelyn Virginia Brensinger
16. BIRTHPLACE (city or town) Takoma Park, (State or country) Maryland

17. INFORMANT Washington Sanitarium & Hospital (Address) Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Cemetery Bladensburg, Md Date Nov 19, 1940

19. UNDERTAKER F. Gaschi Sons (Address) Hyattsville, Md

20. FILED Nov 18, 1940 J. Nelson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Stillborn) November 17, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— aliva on —, 19—; death is said to have occurred on the date stated above, at — m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn - cause unknown	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emma Hughes M. D.

(Address) Takoma Park - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11768

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Bethesda
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Bethesda
(If outside city or town limits, write RURAL and give nearest town)

Street No. 7201-Ky. Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Marian J. Miles

3. (b) Social Security Number 577-07-1639

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Feb-9-1882

8. AGE: Years 58 | Months 9 | Days 7 | If less than one day ... hrs. ... min.

9. Birthplace East Somerville, Mass
(Town, county, and state)

10. Usual occupation Nurse

11. Industry or business

FATHER
12. Name Thomas Miles
13. Birthplace Erie, Pa.

MOTHER
14. Maiden name
15. Birthplace N.Y. City.

16. Informant Harriet T. Miles

Address 7201-Ky. Ave. Bethesda, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 11-20-40 (month) (day) (year)

Cemetery or crematory Erie, Cemetery Erie, Pa.

Location Erie, Pa.

18. Funeral director Jos. Gawless Sons

Address 1756-Pa. Ave. N.W.

19. 11-18 1940 (Date rec'd by registrar) B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1940, at 11.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16 1940, to ... 19...

and that I last saw her alive on Nov 16, 1940 at 9 P.M. 19...

Immediate cause of death: Apoplexy — DURATION: 5 hours

Due to: Hypertension — Unknown

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE [signature] M.D. or other

Address 416 Georgetown Rd. Date signed 11/17/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-22)

CERTIFICATE OF DEATH

11769

Reg. Dist. No. 223

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 39 days

Hospital, institution, or street address where death occurred: Washington Sanitarium + Hospital

How long in hospital or institution? 39 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Glen Echo Hts.
(If outside city or town limits, write RURAL and give nearest town)

Street No. ____
(If rural, give LOCATION)

2.(a) If veteran, name war ____

3.(a) FULL NAME William Moody Jr.

3.(b) Social Security Number none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Effie Moody

8.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 18 - 1887

8. AGE: Years 62 | Months 11 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D.C.
(Town, county, and state)

10. Usual occupation: Painter

11. Industry or business: Own Business

FATHER
12. Name: William Moody Sr.
13. Birthplace: unknown

MOTHER
14. Maiden name: Elizabeth Miller
15. Birthplace: unknown

16. Informant: Hospital Records.
Address: Takoma Park Md.

17. Removal. Date thereof: Nov 6 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Washington D.C.

Location ____

18. Funeral director: Geo W Wise Co Inc.
Address: 2900 Mist N.W. Wash D.C.

19. Nov. 6 1940 (Date rec'd by registrar) J. Wilson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 5th 1940, at 11.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 - 1940, to Nov. 5th 1940 and that I last saw him alive on Nov. 5th 1940.

Immediate cause of death: Cerebral - hemorrhage -

Due to: Arterio-sclerosis and hypertension.

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

DURATION: Unknown

Major findings of operations ____ Date of op. ____

Autopsy results ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Wheeler O. Huff M.D. or other

Address: Bethesda, Md. Date signed: Nov. 5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

11770

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 311 Gapland Avenue.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Takoma Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 311 Gapland Avenue.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ELLA MONTROE

3. (b) Social Security Number None.

4. Sex: F.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married.

B (b) Name of husband or wife: Miles J. Monroe

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 11, 1870.

8. AGE: Years 70 | Months 5 | Days 2. | If less than one day ____ hrs. ____ min.

9. Birthplace: Boston, Mass. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home.

FATHER

12. Name: J. Nesby Milliken

13. Birthplace: N. Hallister, Maine.

MOTHER

14. Maiden name: Mary Ann Tebby.

15. Birthplace: Hallister, Mass.

18. Informant: Miles J. Monroe

Address: 311 Gapland Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 15, 1940. (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery.

Location: Prince Georges County, Md.

18. Funeral director: Arthur L. Ballard

Address: 264 Carroll St. Takoma Park, D.C.

19. Nov. 14 1940 (Date rec'd by registrar) J. Walton Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13, 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan., 1937, to Nov 13 1940, and that I last saw h[illegible] alive on Nov 10, 1940.

Immediate cause of death	DURATION
Acute Cardiac Failure	1 hr.
Due to Chronic Myocarditis complete. Uncle Examined	
Due to Chronic Bronchitis complete. Uncle Examined	
Due to Senility Uncle Examined	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo. L. Ball MD M. D. or other

Address 1301 Long Bellows Ave Washington D.C. Date signed Nov 13, 1940

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 85-a

11771

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:

County Montgomery

City or town Nr. Clagettesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 72 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Nr. Clagettesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME James Oscar Moxley

3. (b) Social Security Number none

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced widowed

B (b) Name of husband or wife Della May Moxley

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1868

8. AGE: Years 72 Months 1 Days 11 If less than one day ___ hrs. ___ min.

9. Birthplace Nr. Clagettesville, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name George Moxley

13. Birthplace Nr. Clagettesville, Md.

MOTHER

14. Maiden name Elizabeth Brown

15. Birthplace Nr. Clagettesville, Md.

16. Informant Clyde Moxley

Address R.D. Monrovia, Md.

17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof Nov 18 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Montgomery Chapel

Location Montgomery Co. Md

18. Funeral director Roy W. Barber

Address Laytonsville Md

19. Nov. 18 1940 (Date rec'd by registrar) Della N. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1940, at 11 a 15 M

21. I CERTIFY that death occurred on the date above stated; that I ~~attended~~ saw deceased from Nov. 16 1940, to ___ 19___, and that I last saw him ~~alive~~ dead on Nov. 16 1940.

Immediate cause of death Probably Cerebral Hemorrhage a few min.

Due to Death occurred suddenly — Previous health apparently good.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George M. Boyer, M.D. M. D. or other

Address Damascus, Md Date signed 11-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 7 1940
BUREAU V. S.

11772

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-R)

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Sandy Spring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ~~Md.~~ N. J. County ~~[illegible]~~

City or town ~~[illegible]~~ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 200 East Elm Street
(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~ Linden, New Jersey

3. (a) FULL NAME Meradith John Murray

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of ~~husband or~~ wife Elizabeth Margaret Murray

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1872

8. AGE:

Years	Months	Days	If less than one day
68	2	8	____ hrs. ____ min.

9. Birthplace Phila., Pa.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business None

FATHER
12. Name Edward Murray
13. Birthplace Scotland

MOTHER
14. Maiden name Alice Mount
15. Birthplace Ireland

16. Informant Jack Bentley
Address Sandy Spring, Md.

17. Removal
(Burial, cremation, or removal. Which?)
Date thereof Nov. 2, 1940
(month) (day) (year)

Cemetery or crematory —

Location Linden, New Jersey

18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.

19. Nov. 2 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/1 1940, to 11/1 1940, and that I last saw him alive on 11/1 1940.

Immediate cause of death Cerebral hemmorrhage — DURATION 1 hr

Due to General Arteriosclerosis — don't know

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of —

Where did injury occur? None
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE J. M. Bu[illegible]
M. D. or other

Address Sandy Spring, Md. Date signed 11/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

11773

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County # 5 Belmont Rd Sligo Hills

City or town Silver Springs Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL and give nearest town)

Street No. # 5 Belmont Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Elnathan Kemper Nelson

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Blanche Parker Nelson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 25 - 1870

8. AGE: Years 69 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Cincinnatio Ohio (Town, county, and state)

10. Usual occupation: Chemist D.C. Goverment

11. Industry or business: Agriculture Dept. U.S.A.

FATHER

12. Name: Henry F. Nelson

13. Birthplace: unknown

MOTHER

14. Maiden name: Maria L. Davis

15. Birthplace: unknown

16. Informant: Winifred Henninger

Address: 1901 - Cal Rd. N.W.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 12, 1940 (month) (day) (year)

Cemetery or crematory: Rock Creek

Location: Washington, D.C.

18. Funeral director: S. H. Hines Co.

Address: 2901 - 14th. N.W.

19. Nov 9 1940 19 (Date rec'd by registrar) Sallie B. Luhrg Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 9 1940, at 4 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1936, to Nov 9 1940 and that I last saw h[illegible] alive on Nov 9 1940

Immediate cause of death: Arterio sclerotic cardio vascular renal disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 5 yr.

Major findings of operations: no

Date of op.

Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: John F Preston M.D. M. D. or other

Address: 1150 Connecticut Wash D.C. Date signed Nov 9, 1940

RECEIVED
NOV 22 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-B)

CERTIFICATE OF DEATH

11774

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery Co
City or town Near Sellman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 76 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rural Near Sellman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Sellman
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah C. Onley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widower

B (b) Name of husband ~~or wife~~ James Onley
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 6 - 1864

8. AGE:

Years	Months	Days	If less than one day
76	10	18	____ hrs. ____ min.

9. Birthplace Poolesville Md
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name John Harper
13. Birthplace Poolesville
MOTHER 14. Maiden name Sallie Bell
15. Birthplace Poolesville
16. Informant Mary Hyson
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 27th 40 (month) (day) (year)
Cemetery or crematory Cemetery Mt Zion
Location Near Sellman
18. Funeral director Clarence H Davis
Address Poolesville Md

19. Nov 26 1940 (Date rec'd by registrar) E W White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24th 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1935, to Nov 24 1940, and that I last saw ~~him~~ her alive on Nov 24 1940

Immediate cause of death Acute Myocarditis — DURATION 4 days

Due to Mitral Insufficiency — 10 yrs

Due to Arterial Sclerosis — 10 yrs

Other conditions Hemorrhage of brain 1935 — 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE E W White M. D. or other
Address Poolesville Date signed 11/26/40

RECEIVED
DEC 5 1940
BUREAU V. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 223 11775

1. PLACE OF DEATH:

County: Montgomery Co. Maryland

City or town: (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mos

Hospital, institution, or street address where death occurred: 232 Maple Ave Takoma Park Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Takoma Park (If outside city or town limits, write RURAL and give nearest town)

Street No. 232 Maple Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Margaret Winnington Parry

3. (b) Social Security Number: 141-14-4250

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): April 9, 1893

8. AGE: Years 46 Months 7 Days 2 If less than one day ... hrs. ... min.

9. Birthplace: Paterson New Jersey (Town, county, and state)

10. Usual occupation: Bank clerk

11. Industry or business

FATHER

12. Name: Harry F. Parry

13. Birthplace: New York City

MOTHER

14. Maiden name: Mary McMunn

15. Birthplace: Norristown Pennsylvania

16. Informant: Sister Mrs. Agnes Dodge

Address: 232 Maple Ave. Takoma Park

17. ~~Burial~~ removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 11, 1940 (month) (day) (year)

Cemetery or crematory: Washington, D.C.

Location

16. Funeral director: The S. H. Hines Co.

Address: 2901-14th St. N.W. Washington, D.C.

19. Nov 11 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 11 1940, at 7:08 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1940, to Nov. 11 1940 and that I last saw her alive on Nov. 7 1940

Immediate cause of death	DURATION
Carcinoma: cerebral metastases; immediate cause of death.	1/2 hr.
Due to Carcinoma: general: Primary carcinoma of breast. Duration:	6 mos
Due to from September 1939. Metastases in axillary glands, in ovary, and in mediastinum.	
Other conditions: A large ovarian cyst, carcinomatous, filling lower abdomen. (Include pregnancy within 3 months of death)	

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: A. Frances Foye MD (M. D. or other)

Address: 1807 R St. Wash. DC. Date signed: Nov 11, 1940

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

CERTIFICATE OF DEATH

11776

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County: Montgomery
City or town: Mr. Clagettsville (If outside city or town limits, write RURAL NEAR and give town) Md.
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 84 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Mr. Clagettesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Greenbury C. Poole

3. (b) Social Security Number: None

4. Sex: M.
5. Color or race: W
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Ida Bell Poole deceased
6(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): October 19, 1856
8. AGE: Years: 84 Months: — Days: 15 If less than one day: hrs. min.
9. Birthplace: Quince Orchard, Montg. Co., Md. (Town, county, and State)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER — 12. Name: Greenbury Poole
13. Birthplace: Maryland
MOTHER — 14. Maiden name: Caroline Beall
15. Birthplace: Maryland
16. Informant: Granville Poole
Address: R. D., Mt. Airy, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 7, 1940 (month) (day) (year)
Cemetery or crematory: Montgomery Cemetery
Location: Clagettsville, Md.
18. Funeral director: Roy H. Barber
Address: Laytonsville Md.
19. Nov. 6 1940 (Date rec'd by registrar) Della W. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 4 1940, at 8:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 4 1940 to Nov. 4 1940, and that I last saw him alive on Nov. 4 1940.

Immediate cause of death: Acute Dillatation of the Heart. — DURATION: 1 day.
Due to: Chronic Myocarditis — Unknown
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: George M. Boyer M.D. M. D. or other
Address: Damascus, Md. Date signed: 11-4-40

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DEC 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11777

(159)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Washington San. & Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rudolph unnamed male baby

(a) Residence: No. 501 Greenwood Ave. St., Ward Takoma Park Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov 12th, 1940

7. AGE	Years	Months	Days	If LESS than 1 day 4 hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Takoma Park, Maryland

FATHER

13. NAME Harold E. Rudolph

14. BIRTHPLACE (city or town) (State or country) Seattle, Washington

MOTHER

15. MAIDEN NAME Ethel Madeline Carlson

16. BIRTHPLACE (city or town) (State or country) Mont Claire, New Jersey

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Evergreen Date Nov 13, 1940

19. UNDERTAKER Haskins Loomis (Address) Ivy Avenue, Takoma Park, Md.

20. FILED Nov 12, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 12th (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12th, 1940, to Nov. 12th, 1940

I last saw him alive on Nov. 12th, 1940; death is said to have occurred on the date stated above, at 5:00 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Premature infant (6½ mos)	

Other **Contributory Causes** of importance:

Congenital atelectasis (partial)

Name of operation none Date of

Whet test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph H. Calvert M.D.

(Address) Silver Spring, Md. 11-12-4

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-B)

CERTIFICATE OF DEATH

11778

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Takoma Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Takoma Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 29 Hickory ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Arthur E. Ruh

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 18 1871

8. AGE: Years	Months	Days	If less than one day
69		21	hrs. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: Henry Ruh
13. Birthplace: Germany

MOTHER
14. Maiden name: Ida Glass
15. Birthplace: Germany

16. Informant: Hildegard Ruh
Address: 29 Hickory ave

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 11/9/40 (month) (day) (year)
Cemetery or crematory:
Location:

18. Funeral director: The S. H. Hines Co.
Address: 2901 14th St. N.W.

19. Nov 9 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1940, at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 21 1937, to Nov. 9 1940
and that I last saw him alive on November 7 1940

Immediate cause of death	DURATION
Respiratory and Cardiac Failure	
Due to Carcinoma of Prostate	3-4 years
Carcinoma of Liver	6-8 months
Due to Carcinoma of Lungs	1 year
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. E. Queen M.D. M. D. or other
Address: Takoma Park, Md. Date signed: 11/9/40

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BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

11779

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County MONTGOMERY

City or town TAKOMA PARK
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 800 Carroll Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County MONTGOMERY.

City or town TAKOMA PARK Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 800 CARROLL AVE
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME JOHN RAYMOND SAMPSON

3. (b) Social Security Number

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, married, widowed, or divorced: MARRIED.

6 (b) Name of husband or wife MARTHA C. SAMPSON

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) MAY 27, 1884

8. AGE: Years 56 | Months 5 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace ROCHESTER MINN.
(Town, county, and state)

10. Usual occupation FOREMAN, MILL WORK.

11. Industry or business WOODWORKING

FATHER
12. Name GEO SAMPSON
13. Birthplace IRELAND

MOTHER
14. Maiden name CHRISTIANA
15. Birthplace IRELAND

16. Informant MRS MARTHA C. SAMPSON

Address 800 CARROLL AVE

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof NOV 25, 1940 (month) (day) (year)

Cemetery or crematory KNAPP,

Location KNAPP, WISC.

18. Funeral director J. Arthur Dalton

Address 254 Carroll St. Takoma Park D.C.

19. Nov 22 1940 (Date rec'd by registrar) J. William Wood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940, at 11:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/15/ 1940, to 11/21/ 1940, and that I last saw him alive on 11/21/ 1940.

Immediate cause of death Cancer of Stomach

DURATION ?

Due to

Due to

Other conditions Mentions

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 0

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas H. Wolohan M.D. or other

Address 500 Underwood St. NW Date signed 11/22/40

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DEC 4 1940
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VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-A) (18)

11780

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Mos. 15 days

Hospital, institution, or street address where death occurred: Washington Sanitarium & Hospital

How long in hospital or institution? 4 Mos. 15 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Colorado County ?

City or town Denver
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4754 Tennyson St.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME Mayna Miller Schmidt

3.(b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband ~~or wife~~ Ernest L. Schmidt

6.(c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) September 30, 1886

8. AGE:

Years	Months	Days	If less than one day
54	1	11	___ hrs. ___ min.

9. Birthplace Middletown, Indiana
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business own home

FATHER
12. Name Philip Miller
13. Birthplace Middletown Indiana

MOTHER
14. Maiden name Dora Lindanodd
15. Birthplace Middletown, Indiand

16. Informant Washington San & Hosp. Records

Address Takoma Park, Md.

Middletown Ind. Date thereof 11-13-40
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Middletown Ind.

Location " " "

18. Funeral director Jos Gawler's Sons

Address 1756 Pa ave N.W. Wash. D.C.

19. Nov. 11 1940 (Date rec'd by registrar) J. Schmidt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1940, at 1 53 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1940, to Nov. 10 1940 and that I last saw her alive on Nov. 9 1940

Immediate cause of death Papillary Adeno-Carcinoma of Ovary — DURATION 9 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Adeno-Carcinoma of Ovary

Date of op. 6/27/40

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE Robert A. Hare MD. M. D. or other

Address Takoma Park, Md Date signed 11/10/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

11781

Reg. Diat. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Bethesda 14

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Bethesda Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5313 Moreland Lane

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Elizabeth S. Scott

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife John C. Scott.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 9.

8. AGE: Years	Months	Days	If less than one day
83			____ hrs. ____ min.

9. Birthplace Reading Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name John Stiverson

13. Birthplace Pa

MOTHER 14. Maiden name Mary J. Seyfert

15. Birthplace Pa

16. Informant Mrs Mary S. Haag.

Address 5313 Moreland Lane Bethesda Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-18-40 (month) (day) (year)

Cemetery or crematory Philadelphia

Location Philadelphia Penn

18. Funeral director W. Reuben Cumphrey

Address 7005 Wis Ave Bethesda Md

19. 11-18- 19 40 B. C. Perry (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1940, at 6:12 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to Nov 16 1940; and that I last saw her alive on Nov 16, 1940.

Immediate cause of death	DURATION
My a carditis	
Uremia	
Cerebral arteriosclerosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wyatt Post Baker MD M. D. or other

Address 1861 Wyoming Ave Date signed 11-17-40

RECEIVED
DEC 9 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11782

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Wash. San. Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 9 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Nellie Eugine Shanholtz

(a) Residence: No. Marlboro, Virginia St., Ward. ✓
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Hunter W. Shanholtz

6. DATE OF BIRTH (month, day, and year) Jan. 2 - 1875

7. AGE Years 65 Months 10 Days 12 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Winchester
(State or country) Virginia

FATHER
13. NAME Amos Orndorff
14. BIRTHPLACE (city or town) Fredrick Co.
(State or country) Va.

MOTHER
15. MAIDEN NAME Margaret Tevalt
16. BIRTHPLACE (city or town) Fredrick Co.
(State or country) Va.

17. INFORMANT Wash. San. Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Stearbury, Va Date Nov. 14, 1940

19. UNDERTAKER Chas. S. Turhoust
(Address) 301 E. Capitol St. SE

20. FILED Nov. 14, 1940 J. Hilton Dodd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from December, 1937, to Nov 14, 1940

I last saw her alive on Nov 12, 1940; death is said to have occurred on the date stated above, at 10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Degenerative heart disease	
Auricular Fibrillation	Dec.
Myocardial Insufficiency	1937.

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ___, 19___

Where did injury occur? ___
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Rosanne J. Blumenthal M. D.

(Address) 1411 20th St. N.W. Wash. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 4 1928
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

11783

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Kensington

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Smothers.

3. (b) Social Security Number None

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 73 Months Days If less than one day hrs. min.

9. Birthplace Cross Road. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Mosley Smothers

13. Birthplace Culpepper Va.

MOTHER 14. Maiden name Victoria Payne.

15. Birthplace Rappahanock. Va.

16. Informant Carrie L. Davis

Address Kensington. Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec. 3. 1940 (month) (day) (year)

Cemetery or crematory Lincoln Park

Location Rockville Md.

18. Funeral director Robt. L. Snowden

Address 246 N. Wash. St. Rockville

19. Dec. 2 1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19 to 19, and that I last saw h alive on 19

Immediate cause of death Fracture of spine on lumbar region crushed right chest & compound comminuted fracture of right arm Puncture wound & tissues of back

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11/28/40

Where did injury occur? Nr Kensington (City or town) Montgomery (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury Hit by Hot Train Injured at work? no

23. SIGNATURE C. E. Hawk Deputy Medical Examiner for Montgomery M. D. or other

Address Rockville Md Date signed 11/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1940
NAVY U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11784

1. PLACE OF DEATH

County MONTGOMERY Registration Dist. No. 216

Village or City CHEVY CHASE No. 5800 CONN. AVE St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ALICE MACLAREN SOUTHGATE If U. S. Veteran, specify WAR NO

(a) Residence: No. 5800 CONN AVE St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	WID.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HUGH M. SOUTHGATE

6. DATE OF BIRTH (month, day, and year) 2-24-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWIFE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BROOKLYN (State or country) N.Y.

FATHER

13. NAME MALCOLM MACLAREN

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME ELIZABETH S. GREEN

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT HUGH M. SOUTHGATE (Address) 5800 CONN AVE

18. BURIAL, CREMATION, OR REMOVAL

Place CEDAR HILL Date 2-13, 1940

19. UNDERTAKER Jos. Gawler's Sons (Address) 1756 Pa Ave N.W.

20. FILED Nov 13, 1940 B. C. Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 12, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to Nov. 12, 1940

I last saw her alive on Nov. 11, 1940; death is said to have occurred on the date stated above, at 12:05 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1935
Arteriosclerosis	1935

Other Contributory Causes of importance:

Bronchopneumonia	10/26/40

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Sidney C. Cousins M. D.

(Address) 3961 Ingomar St., N.W. Wash., D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

See item 18

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

DEC 9 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (W)

CERTIFICATE OF DEATH

11785

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 4801 North Lane, Bethesda, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4801 North Lane
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Mr. Harry Brown Sullivan

3.(b) Social Security Number: 577-05-1560

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lucille C. Sullivan

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 30, 1888

8. AGE:

Years	Months	Days	If less than one day
52	9	12	..... hrs. ..... min.

9. Birthplace: Warrenton, Virginia
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business

FATHER

12. Name: John W. Sullivan

13. Birthplace: New Baltimore, Virginia

MOTHER

14. Maiden name: Molly Douglas

15. Birthplace: New Baltimore, Virginia

16. Informant: Mrs. Lucille C. Sullivan

Address: 4801 North Lane, Bethesda, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 14, 1940 (month) (day) (year)

Cemetery or crematory: National Memorial Park Cemetery

Location: Virginia

18. Funeral director: Wm Reuben Pumphrey

Address: 7005 Wisconsin Ave Bethesda Md

19. 11-14-40 (Date rec'd by registrar) B.C. Perry. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12, 1940, at 3:15 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h[illegible] alive on November 12 1940

Immediate cause of death	DURATION
Coronary occlusion	
Due to	
Due to	
Other conditions Diabetes	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: E. A. A. Dunn M. D. or other

Address: Bethesda Md. Date signed: 11-13-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11786

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 7809 Oldchester Rd., Bethesda, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 7809 Oldchester Road
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Mrs. Karla Mary Urban

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Joseph Urban

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years	Months	Days	If less than one day
67	11	28	..... hrs. ..... min.

9. Birthplace: Bohemia, Czechoslovakia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Carl Hovoika
13. Birthplace: Bohemia

MOTHER
14. Maiden name: Josephine Hegrat
15. Birthplace: Bohemia

16. Informant: Mrs. Charles T. Malone

Address: 7809 Oldchester Rd., Bethesda, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: Nov. 10, 1940 (month) (day) (year)

Cemetery or crematory: Fort Lincoln

Location: District Line & Bladensburg Rd., Md.

18. Funeral director: Wm Reuben Pumphrey

Address: 7005 Wis Ave. Bethesda Md

19. 11/9/40 (Date rec'd by registrar) 1940 B. C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 8 1940, at 330A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1938, to Nov 1940

and that I last saw her alive on Nov 7 1940

Immediate cause of death: Cerebral Thrombosis — DURATION: 3 days

Due to: Hypertension - Long Standing

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Lee I. Donovan M.D. M. D. or other

Address: 416 Newyork Road Date signed: Nov 8, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 9 1940
BUREAU V. S.

11787

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93 2)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: 6604 Conn. Ave., Chevy Chase, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6604 Connecticut Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Mrs. Maria Jesus Velez

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Avelino Cruz

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): February 5, 1858

8. AGE: Years	Months	Days	If less than one day
82	9	10	..... hrs. ..... min.

8. Birthplace: Caborojo, Peurto Rico
(Town, county, and state)

~~10.~~ Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Saturnino Velez
13. Birthplace: Peurto Rico

MOTHER
14. Maiden name: Rafaela Torres
15. Birthplace: Peurto Rico

18. Informant: Esperanza C. De Costa

Address: 6604 Conn. Ave., Chevy Chase, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 16, 1940 (month) (day) (year)

Cemetery or crematory: Columbia Gardens Cemetery

Location: Virginia

18. Funeral director: W. Reuben Pumphrey

Address: 7005 Wis Ave. Bethesda Md.

19. Nov 16th 1940 (Date rec'd by registrar) B. C. Perry, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 15 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 2 1940, to Nov. 15 1940 and that I last saw her alive on Nov. 14. 1940

Immediate cause of death: Hypostatic pneumonia

Due to: Hypertensive Heart Disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: No 4-14 (1940) - Years.

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: F. A. Martinez M. D. or other

Address: 7209 Overhill Road Bethesda Md. Date signed: Nov. 15 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 9 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

11788

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: ~~Cedar Grove Montg.~~

City or town: Cedar Grove, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life 76 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Nr. Cedar Grove Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: George Orlando Watkins

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): March 19 1864

8. AGE: Years	Months	Days	If less than one day
76	7	26	____ hrs. ____ min.

9. Birthplace: Cedar Grove, Montg., Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: Edward St. Watkins

13. Birthplace: Cedar Grove, Md

MOTHER — 14. Maiden name: Saphrone Randolph

15. Birthplace: Montgomery Co. Md.

16. Informant: Miss Addie Watkins

Address: Germantown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 17, 1940 (month) (day) (year)

Cemetery or crematory: Salem, Cedar Grove Methodist Church

Location:

18. Funeral director: J. B. Beall Jr.

Address: Damascus, Md.

19. Nov 17 1940 (Date rec'd by registrar) Ulla N. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 15 1940, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 25 1940, to Nov. 15 1940, and that I last saw h— alive on Nov. 14 1940.

Immediate cause of death	DURATION
Carcinoma of Rectum	Unknown to me
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: George M. Boyer M.D. M. D. or other

Address: Damascus, Md. Date signed 11-17-40

RECEIVED
DEC 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-A) JP

CERTIFICATE OF DEATH

11789

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montg. Co. General Hospital, Inc.

Stay in hospital or inst. (yrs., or mos., or days) 2 days.

Stay in this community (yrs., or mos., or days) 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Pennsylvania County

City or town Meyersdale Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mrs. Margaret MacKall Weld.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6(b) Name of husband or wife Edward g. Weld (deceased) 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 19, 1864

8. AGE: Years	Months	Days	If less than one day
76	7	23	hrs. min.

9. Birthplace Washington, DC. (Town, county, and state)

10. Usual occupation Home

11. Industry or business

FATHER 12. Name Dr. Louis Mackall

FATHER 13. Birthplace Washington

MOTHER 14. Maiden name Miss. Margaret Walen

MOTHER 15. Birthplace Washington, DC.

16. Informant Louis M. Weld

Address Meyersdale, Pa.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 11/11/40 (month) (day) (year)

Cemetery or crematory Oak Hills

Location Washington, D. C.

18. Funeral director Jos. F. Birch's Sons

Address 3034 - M Street, N.W. Wash. D.C.

19. Nov. 11 1940 (Date rec'd by registrar) Gertrude B. Lumber Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1940, at 1.22 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 9 1940, to Nov. 11 1940, and that I last saw her alive on November 11 1940.

Immediate cause of death	DURATION
Acute Cardiac Dilatation	1 day
Due to Interstinal Obstruction	
Due to Strangulated Internal Hernia	6 days
Other conditions Uremia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Release of strangulated Hernia, Repair of Hernia

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE J. M. Weld M. D. or other

Address Sandy Spring, Md. Date signed 11/11/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11790

(940)

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Derwood

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Derwood

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life time in Co

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montg

City or town Derwood Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Derwood

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Margaret Bean Welsh

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6(b) Name of husband or wife: John L. Welsh

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 14 - 1876

8. AGE: Years 64 | Months 5 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace: Montgomery Co - Maryland (Town, county and state)

10. Usual occupation: House wife

11. Industry or business

FATHER

12. Name: Cornelius M. Bean

13. Birthplace: Maryland

MOTHER

14. Maiden name: Lucinda Thompson

15. Birthplace: Maryland

16. Informant: Mrs Ida Ricketts

Address: Derwood - Md (Cousin)

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 13 - 1940 (month) (day) (year)

Cemetery or crematory: Forest Oak Cem

Location: Gaithersburg

18. Funeral director: Wm. Reuben Humphrey

Address: Rockville - Maryland

19. 11-12 1940 (Date rec'd by registrar) Faye B Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1937, to Nov 10 1940, and that I last saw her alive on Nov 10 1940.

Immediate cause of death: Coronary occlusion — DURATION: Few minutes

Due to: Acute Congestive Heart Failure — 3 yrs

Due to: Hypertension — 10 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. S. Murphy M.D. M. D. or other

Address: Rockville Md Date signed 11-11-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 3 1940
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

11791

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Dickerson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Mont.

City or town Dickerson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Oliver White

3. (b) Social Security Number

4. Sex F.

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Laurence A. White

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19 - 1853

8. AGE: Years 87 Months 6 Days 17 If less than one day hrs. min.

9. Birthplace Dickerson, Montg Co, Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John L. Belt
13. Birthplace Virginia

MOTHER
14. Maiden name Sara E. McGill
15. Birthplace Maryland

16. Informant Miss Evelyn White
Address Dickerson, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 11/9/40 (month) (day) (year)

Cemetery or crematory Monocacy

Location Beallsville, Md

18. Funeral director William B. Hilton
Address Barnesville, Md.

19. Nov 8 1940 (Date rec'd by registrar) E.W. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6th 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to Nov 6 1940, and that I last saw her alive on Nov 6 1940.

Immediate cause of death Edema of lungs — DURATION 2 days

Due to Bronchitis acute — 5 days

Slipped, on floor.

Due to Fractured Hip; due to an accidental fall. C.W.R. — Sept 1939

Other conditions Arterial Sclerosis — 10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of Jan. 26, 1940.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in her home.

Means of injury Accidental fall. Injured at work?

23. SIGNATURE E.W. White M. D. or other

Address Poolsville Date signed 11/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11792

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montg, Co,

City or town: Gaithersburg Md (City)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Gaithersburg Md

Stay in hospital or Inst. (yrs., or mos., or days): Methodist Home

Stay in this community (yrs., or mos., or days): 4yr 4Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: VA Loudoun County: Montg,

City or town: GAITHERSBURG, Virginia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Anna Elizabeth Wynkoop

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb, 2nd 1854

8. AGE: Years	Months	Days	If less than one day
1854 86	9	25	hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: House Work

11. Industry or business

FATHER — 12. Name: Garrett Wynkoop
13. Birthplace: Va

MOTHER — 14. Maiden name: Mary Lacey
15. Birthplace: Va

16. Informant: Methodist Home, H M Wilson
Address: Gaithersburg Md

17. Burial — Date thereof Nov 30 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: LakeView Cemetary
Location: Hamilton Va

18. Funeral director: Ernest C Gartner
Address: Gaithersburg Md,

19. Nov 30 1940 Abuda L Cooke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 27 1940, at 3:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 20 1940, to Nov. 27 1940, and that I last saw h alive on Nov. 27 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	7 dys.
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Father F. Kuhn M.D.
M. D. or other
Address: Rockville, Md Date signed 11-28-40

RECEIVED
DEC 4 1040
BUREAU V. S.